

WATER WELL REPORT

STATE OF WASHINGTON

Application No. 32/01-30M
Permit No. 1214

(1) OWNER: Name ART UOGEL Address 2369 W. Libbey Rd. Coupe
(2) LOCATION OF WELL: County ISLAND - Government Lot 6 Sec. 30 T. 32 N. R. 1E W.M.
Bearing and distance from section or subdivision corner 1900 ft. N - 535 ft. E of SE corner Sec. 25 T32N-R1W.

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) 2
New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 122 ft. Depth of completed well 97 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Diam. from 0 ft. to 93 ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
Manufacturer's Name JOHANSON
Type STAINLESS Model No. WIRE
Diam. 6 Slot size 14 from 93 ft. to 97 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.
Material used in seal CEMENT
Did any strata contain unusable water? Yes ☒ No ☐
Type of water? SALT Depth of strata 122
Method of sealing strata off CEMENT

(7) PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation 70' ± 5' (quad)
above mean sea level.
Static level 72 ft. below top of well Date 1-12-76
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
" " " " " "
" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
Baller test 10 gal./min. with 1.1 ft. drawdown after 4 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
GRAVEL	0	8
GRAVELY CLAY	8	12
GRAVELY HARD PAN	12	17
GRAVELY HARD	17	36
SANDY HARD PAN	36	60
SAND	60	80
BROWN CLAY	80	83
SANDY CLAY	83	86
BROWN SAND	86	87
SANDY CLAY	87	92
WATER SAND (good)	92	96+
CLAY	96+	119
SAND (SALT WATER)	119	122
CLAY	122	

Work started _____, 19 _____ Completed 1-12, 19 76

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME WHIDBEY WELL DRILLERS
(Person, firm, or corporation) (Type or print)

Address OAK HARBOR WA

[Signed] Dennis Fobes
(Well Driller)

License No. 0129 Date 1-12, 19 76

(USE ADDITIONAL SHEETS IF NECESSARY)



Well Tagging Form

Unique Well Tag No: AGA 603



RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

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WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Madrona Lane Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: _____

City COUPEVILLE County ISLAND

T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface 60 feet/meters (circle one)

Additional information, if available:

- ☐ GPS
- ☒ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☒ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

See HYDRO PRINT OUT

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing type of well housing etc)

6" STEEL NON-PIELESS

Location of Well identification Tag

ON CASING

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1 24 000 (1 =2 000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

COMMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

Circle One

Application

Permit

Certificate

Claim

Exempt